



KENTUCKY TRANSPORTATION CABINET  
Division of Motor Vehicle Licensing  
P.O. Box 2014  
Frankfort, KY 40622

TC96-16B  
March, 2010

REQUEST FOR PERSONAL INFORMATION PURSUANT TO KRS 411.402 and 411.406  
THEFT OF MOTOR FUEL

I \_\_\_\_\_, on behalf of \_\_\_\_\_ hereby request the following:

☐ Name of Vehicle Owner      ☐ Address of the Vehicle Owner      ☐ Other (Specify) \_\_\_\_\_

License Plate Number \_\_\_\_\_

The requested records are to be used for:

☐ **Commercial Purpose - Please attach a certified statement explaining the commercial purpose for which the records shall be used in accordance with KRS 61.874 (4)(b). A fee of \$3.00 per record requested is required with this completed form. Please make your check or money order payable to the Kentucky State Treasurer.**

**Please place initials beside the box you checked.**

\_\_\_ ☐ For use by any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.

\_\_\_ ☐ For use in connection with matters of motor vehicle fuel theft.

\_\_\_ ☐ For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court.

\_\_\_ ☐ For use by any licensed investigative agency or licensed security service for any purpose permitted under federal law.

\_\_\_ ☐ For use by any requester, if the requester demonstrates written consent from the individual to whom the information pertains.

**Pursuant to the Driver's Privacy Protection Act of 1994, 18 U.S.C. section 2722, it is unlawful for any person knowingly to obtain or disclose personal information from a motor vehicle record, for any use not permitted under 18 U.S.C. section 2721 (b). I certify that this release of information is permissible for the reason checked above and will be used only as indicated. The undersigned takes full responsibility for any violations of this Act.**

\_\_\_\_\_  
Printed name of Person Making Request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency or Company (if applicable)

\_\_\_\_\_  
Address

STATE OF \_\_\_\_\_

\_\_\_\_\_  
City                      State                      Zip Code

County of \_\_\_\_\_

\_\_\_\_\_  
Telephone number

Signed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_